

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS5171AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/04/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ARCADIA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2970 S TORREY PINES DR LAS VEGAS, NV 89146</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	<p><b>Initial Comments</b></p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility from 12/6/10 to 1/4/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>Complaint #NV00026986 - The allegation regarding insufficient food was not substantiated through observations, record review and interviews with staff and residents. The allegation regarding unlocked resident medications was not substantiated through observation. The allegation regarding spoiled food being found in the facility was not substantiated through observation and interviews with facility staff.</p> <p>#NV00026986: The complaint investigative process was initiated by the Bureau of Health Care Quality and Compliance on 12/6/10.</p> <p>The investigation for the allegation of insufficient food included:</p> <p>-Observations of the food available in the facility: Observations verified that there was plenty of food available to the residents and that the resident in question, made no requests for food or complained of hunger during the onsite investigation.</p> <p>-Reviews of the resident's file, weight log, hospice nursing notes and medical records were completed.</p>	Y 000			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1  - Interviews were conducted with the resident, his caregiver, his hospice nurse and an additional resident living at the facility.  The investigation for the allegation of unlocked medications included:  -Observations of the facility. Observations verified resident medications were kept locked up in a locked hall closet. No medications were found unlocked at the time of the onsite investigation.  The investigation for the allegation of spoiled food included:  -Observation of the facility. Observations of the food pantry and stove top were completed and verified that there was no spoiled food found. - An interview was conducted with a caregiver regarding the storage of food in the pantry.  The facility had a sufficient amount of food available for the residents. The facility had ensured that resident medications were secured in a locked location. The facility's pantry and stove top contained food that looked fresh and edible; with no spoiled food found at the time of the investigation.  A regulatory deficiency unrelated to the complaint was identified and cited. See Tag Y026.	Y 000			
Y 026 SS=D	449.190(3) Contents of License-Multiple Types  NAC 449.190 3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that	Y 026			

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Y 026	<p>Continued From page 2</p> <p>it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services.</p> <p>This Regulation is not met as evidenced by: Based on record review on 12/6/10, the facility was caring for a resident with a chronic illness without an endorsement and failed to obtain the necessary training to care for such a person (Resident #1).</p> <p>Severity: 2 Scope: 1</p>	Y 026			

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